

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): _____ Chapter **11**☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/24**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name**American Medical Home Health Services-San Antonio, LLC****2. All other names debtor used in the last 8 years**Include any assumed names, trade names, and *doing business as names***3. Debtor's federal Employer Identification Number (EIN)****7 6 - 0 7 5 8 6 9 1****4. Debtor's address****Principal place of business****Mailing address, if different from principal place of business****1409 North Stuart Place Road**

Number Street

Harlingen, TX 78552

City State ZIP Code

Cameron

County

506 Valley Brook Road

Number Street

McMurray, PA 15317

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)**<https://www.americanmedicalprograms.com/>****6. Type of debtor**☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor American Medical Home Health Services-San Antonio, LLC

Case number (if known) _____

Name

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11. Check all that apply:
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☐ No

☒ Yes. Debtor Hub City Home Health Inc Relationship _____

District Southern District of Texas When _____
MM / DD / YYYY

Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor **American Medical Home Health Services-San Antonio, LLC**
 Name

Case number (if known) _____

11. Why is the case filed in *this* district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number Street

City

State

ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds?

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor **American Medical Home Health Services-San Antonio, LLC**
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures**WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **11/09/2024**
MM/ DD/ YYYY

X**/s/ Robert Dojonovic**

Signature of authorized representative of debtor

Robert Dojonovic

Printed name

Title **President****18. Signature of attorney****X****/s/ Shelby A Jordan**

Signature of attorney for debtor

Date **11/09/2024**

MM/ DD/ YYYY

Shelby A Jordan

Printed name

Jordan & Ortiz, P.C.

Firm name

500 N Shoreline Blvd. 804

Number Street

Corpus Christi

City

TX

State

78401

ZIP Code

(361) 884-5678

Contact phone

sjordan@jhwclaw.com

Email address

11016700

Bar number

TX

State

Debtor **American Medical Home Health Services-San Antonio, LLC**
 Name

Case number (if known) _____

Additional Page

10. Continued

Debtor	<u>American Medical Home Health Services,</u>	Relationship	_____
	LLC		
District	<u>Southern District of Texas</u>	When	_____
			MM / DD / YYYY
Case number, if known	_____		
Debtor	<u>American Medical Hospice Care LLC</u>	Relationship	_____
District	<u>Southern District of Texas</u>	When	_____
			MM / DD / YYYY
Case number, if known	_____		
Debtor	<u>American Medical Programs, Inc.</u>	Relationship	_____
District	<u>Southern District of Texas</u>	When	_____
			MM / DD / YYYY
Case number, if known	_____		

Fill in this information to identify the case:

Debtor name **American Medical Home Health Services-San Antonio, LLC**

United States Bankruptcy Court for the:
Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Palmetto GBA LLC 2300 Springdale Drive Camden, SC 29020		Outstanding CAAP				\$608,571.04
2	Optum Financial, Inc 11000 Optum Circle Eden Prairie, MN 55344		Temporary Funding Assistance Program				\$398,400.00
3	AlphaCare Health Solutions 206 Carnousty Drive Cibolo, TX 78108		Physical Therapy				\$25,320.00
4	US Small Business Administration 2 North 20th Street Suite 320 Birmingham, AL 35203		Disaster COVID-19 Economic Injury				\$22,870.42
5	ANG-A Nava & Glander 13409 NW Military Hwy Suite 300 San Antonio, TX 78231		Attorney for Legal Case				\$21,747.30
6	Bmark 2020-B18 Brass Professional II, LLC 84 NE Loope 410 Suite 149 San Antonio, TX 78216		SA Office				\$18,204.04
7	Retro Tax 920 W. 79th Street Indianapolis, IN 46260		Tax Credit				\$12,922.80
8	Whyte Appeals 310 W. Sunset St. San Antonio, TX 78209		Appeal Attorneys				\$11,880.00

Debtor **American Medical Home Health Services-San Antonio, LLC**

Case number (if known) _____

Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	KD Quality Coding 1754 High Ridge Drive Blanchard, OK 73010		Oasis Coding				\$7,140.00
10	Premium Med Billing Services LLC PO Box 592437 San Antonio, TX 78259		Billing Services				\$5,764.56
11	Ubeo LL 11827 Tech Com Road Suite 200 San Antonio, TX 78233		Equipment				\$2,372.90
12	Fact Institute 13032 Nacadoches Road Suite 207 San Antonio, TX 78217		Vocational Therapy				\$1,847.56
13	Deluxe Business PO Box 7247 Philadelphia, PA 19170		Pre-Signed Checks for AP and Payroll				\$1,804.46
14	US Bank Equipment Finance PO Box 790448 Saint Louis, MO 63179		Equipment				\$1,664.95
15	Cameron Operations, Inc. 1411 N Stuart Place Suite A Harlingen, TX 78552		Harlingen Office rent				\$1,026.16
16	Assured Benefits PO Box 679145 Dallas, TX 75267		Medical Insurance for Providers				\$945.00
17	MLB Therapy Services PC 7970 Therapy Services Road Suite 101-708 San Antonio, TX 78229		Therapy Services				\$750.00
18	Toshiba PO Box 550599 Jacksonville, FL 32255		Equipment				\$560.66
19	ETC Lite, LLC PO Box 700970 San Antonio, TX 78270		Code determination and consulting				\$507.81
20	TXU Energy PO Box Box 650700 Dallas, TX 75265		Electric - San Antonio				\$360.00

Fill in this information to identify the case:

Debtor name American Medical Home Health Services-San Antonio, LLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/09/2024

MM/ DD/ YYYY

X /s/ Robert Dojonovic

Signature of individual signing on behalf of debtor

Robert Dojonovic

Printed name

President

Position or relationship to debtor

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American Medical Home Health Services - San Antonio LLC

11/08/24

Balance Sheet

Cash Basis

As of December 31, 2023

	Dec 31, 23
ASSETS	
Current Assets	
Checking/Savings	
1005 · PNC Bank	-54,369.49
1010 · CHASE - Payroll Account (2372)	-283,803.23
1011 · CHASE - Accounts Payable (2380)	-2,543.61
1012 · CHASE - Operating (3279)	6,568,009.77
Total Checking/Savings	6,227,293.44
Other Current Assets	
1050 · PAS Payroll Clearing	76,931.79
1215 · Prepaid Expenses	
Loan to AMP	303,376.44
Total 1215 · Prepaid Expenses	303,376.44
1228 · Employee Loan	12,090.12
Total Other Current Assets	392,398.35
Total Current Assets	6,619,691.79
TOTAL ASSETS	6,619,691.79
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Chase Credit Card	4,249.32
Total Credit Cards	4,249.32
Other Current Liabilities	
ERC Monies	6,808,409.25
2100 · Payroll Liabilities	
2105 · Child Support Payable	3,304.07
2515 · Wage Garnishment Payable	303.15
Total 2100 · Payroll Liabilities	3,607.22
2300 · Payroll Taxes Payable	
2305 · Fica & Fit Payable	223,231.26
2310 · Futa (940) Payable	38,610.37
2315 · Suta (TWC) Payable	31,896.53
Total 2300 · Payroll Taxes Payable	293,738.16
2818 · A/P - AMHHS	
2825 · A/P - Hospice	128,100.00
2830 · A/P - Hub City	94,000.00
2835 · A/P - Mathis	662,000.00
Total 2818 · A/P - AMHHS	884,100.00
2850 · Loan Payable - CMS	608,571.04
2860 · N/P - United Capital (Pris)	439,797.55
Total Other Current Liabilities	9,038,223.22
Total Current Liabilities	9,042,472.54
Long Term Liabilities	
2910 · SBA-EIDL Loan	159,900.00
Total Long Term Liabilities	159,900.00
Total Liabilities	9,202,372.54

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American Medical Home Health Services - San Antonio LLC

11/08/24

Balance Sheet

Cash Basis

As of December 31, 2023

	Dec 31, 23
Equity	
3010 - Retained Earnings	-2,567,217.33
Net Income	-15,463.42
Total Equity	-2,582,680.75
TOTAL LIABILITIES & EQUITY	6,619,691.79

1:24 PM

American Medical Home Health Services - San Antonio LLC**Profit & Loss**

11/08/24

January through December 2023

Cash Basis

	Jan - Dec 23
Ordinary Income/Expense	
Income	
Income	
4000 · Income - PHC	
4010 · PHC Services Income	80,259.95
4015 · UHC Community Medicaid Income	1,015,863.30
4020 · PHC- Private Pay Income	10,298.79
4021 · PHC - Health & Human -Medicaid	7,325,094.95
4025 · PHC - TX ST Compt. MHP Medicaid	8,171.37
4030 · Income - PHC Centene Corp	2,857,859.11
4040 · PHC Ameri Group	2,357,512.92
4050 · PHC-Molina	20,044.57
4000 · Income - PHC - Other	4,346.12
Total 4000 · Income - PHC	13,679,451.08
4100 · Income - Home Health	
4105 · JM MAC - HH Medicare Income	289,702.09
4110 · Home Health Services Income	262.00
4111 · HH - hnb-echo (AAA)	1,379,211.47
4112 · HH - (medicare) My Nexus	3,125.00
4115 · HH - United HealthCare Insurance	474.90
4120 · HH - Humana	65,096.85
4135 · Home Health Private Pay Income	34,493.00
4140 · HH Blue Cross Blue Shield	63,778.13
4145 · HH- Community First Health Plan	10,289.39
4100 · Income - Home Health - Other	402.60
Total 4100 · Income - Home Health	1,846,835.43
Total Income	15,526,286.51
Total Income	15,526,286.51
Gross Profit	15,526,286.51
Expense	
5100 · Operating Expense	
5110 · Bank Fees	36,027.50
5111 · Contracted Services	
5117 · Consulting Services	33,872.24
5111 · Contracted Services - Other	6,087.10
Total 5111 · Contracted Services	39,959.34
5120 · Contracted Therapy Service	
5121 · Contracted - Class Therapy Serv	133,899.96
5122 · Contracted - PT Services	155,623.87
5120 · Contracted Therapy Service - Other	3,550.00
Total 5120 · Contracted Therapy Service	293,073.83
5170 · Dues & Subscriptions	20,634.54
5202 · Insurance	
5206 · Insurance - Sec 125 (Emp)	61,200.09
5208 · Insurance - Prof & Bldg Co	16,028.09
Total 5202 · Insurance	77,228.18
5215 · Legal & Professional Fees	46,448.48
5219 · Magement Fees	1,108,500.00
5220 · Marketing Expense	5,747.69
5221 · License & Fees	6,045.66
5228 · Medical Supplies	3,915.63
5229 · Medical Waste Disposal	1,218.48

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American Medical Home Health Services - San Antonio LLC

11/08/24

Profit & Loss

Cash Basis

January through December 2023

	Jan - Dec 23
5230 · Mileage Expense	
5234 · Mileage - Coordination	1,677.21
5237 · Mileage - LVN	9,793.09
5238 · Mileage - Marketing	2,647.42
5239 · Mileage - MSW	21.09
5241 · Mileage - Other	3,045.70
5242 · Mileage - PAS Field Superv	30,655.04
5243 · Mileage - PAS Manager	781.44
5245 · Mileage- IT	4,685.31
5248 · Mileage - RN	52,388.95
5250 · Mileage - PT	8,360.86
Total 5230 · Mileage Expense	114,056.11
5400 · Office Expense	26,653.46
5412 · Patient Medical Expense	6,391.54
5415 · Postage & Freight	0.00
5600 · Rent	
5610 · Rent - Building	255,500.51
5620 · Rent - Equipment	17,125.66
5600 · Rent - Other	2,682.95
Total 5600 · Rent	275,309.12
5675 · Software Fee Expense	66,648.71
6295 · Telephone & Communications	
6296 · Cell Phones	1,100.01
6297 · Internet	1,187.06
6295 · Telephone & Communications - Other	6,786.57
Total 6295 · Telephone & Communications	9,073.64
6350 · Travel Expense	422.77
6390 · Utilities	4,289.37
6500 · Wages/Payroll	
6502 · Accrued Payroll Wage Expen	0.00
6510 · Admin/Clerical Wages	161,265.11
6515 · Billing - Wages	4,769.24
6525 · HR Wages	91,688.29
6526 · IT- Wages	90,596.10
6527 · Holiday Bonus	8,000.00
6530 · LVN Wages	145,310.71
6535 · Marketing Wages	271,796.54
6540 · MSW - Wages	265.00
6542 · Wages - Other	34,664.06
6543 · Occupational Therapy - Wages	36,686.84
6544 · Physical Therapy - Wages	205,211.00
6545 · RN Wages	833,557.74
6546 · RN Coder - Wages	50,010.00
Total 6500 · Wages/Payroll	1,933,820.63
6550 · Taxes - Payroll	
6560 · Payroll Expenses (lumped)	0.00
6561 · Futa (940 Tax)	4,507.80
6562 · Medicare Tax	192,548.06
6563 · Social Security Tax	816,243.92
6564 · State Unemp Tax (TWC)	235,378.73
Total 6550 · Taxes - Payroll	1,248,678.51

1:24 PM

American Medical Home Health Services - San Antonio LLC

11/08/24

Profit & Loss

Cash Basis

January through December 2023

	Jan - Dec 23
6600 · Wages PHC - Payroll	
6602 · PHC - Provider Wages	10,295,865.21
6603 · Accrued PHC Provider Wage Exp	0.00
6605 · PHC Admin/Clerical Wages	6,849.59
6610 · PHC - Billing Wages	27,200.00
6615 · PHC - Coordination Wages	141,790.64
6620 · PHC - EVV Wages	45,760.00
6625 · PHC - Field Superv. Wages	266,686.43
6635 · PHC - Manager	21,341.52
6645 · PHC - RN-Class Wages	25,722.78
6600 · Wages PHC - Payroll - Other	200.00
Total 6600 · Wages PHC - Payroll	10,831,416.17
6800 · Taxes - Property	5,417.30
5100 · Operating Expense - Other	1,165.74
Total 5100 · Operating Expense	16,162,142.40
66900 · Reconciliation Discrepancies	-0.45
Total Expense	16,162,141.95
Net Ordinary Income	-635,855.44
Other Income/Expense	
Other Income	
7000 · Other Income	
7020 · Interest Income	665,445.89
7000 · Other Income - Other	180.08
Total 7000 · Other Income	665,625.97
Total Other Income	665,625.97
Other Expense	
7200 · Other Expense	
7205 · Interest Expense	37,835.54
7210 · Penalties & fines	7,398.41
Total 7200 · Other Expense	45,233.95
Total Other Expense	45,233.95
Net Other Income	620,392.02
Net Income	-15,463.42

**2023 TAX RETURN WILL BE FILED
UNDER SEAL UNDER A SEPARATE
DOCKET NO.**

IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
BROWNSVILLE DIVISION

IN RE: **American Medical Home Health
Services-San Antonio, LLC**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/09/2024

Signature /s/ Robert Dojonovic
Robert Dojonovic, President

A.C.L.S., Inc.
6655 First Park Ten Blvd Suite 210
San Antonio, TX 78213

All Seasons Home Care
1602 Farragut Street
Laredo, TX 78040

All Seasons Home Care, Inc.
c/o Jefferson Cano
Emma Cano
Will Davidson
112 East Pecan Street Suite 1650
San Antonio, TX 78205

All Seasons Home Care, Inc.
104 W. Huntington Street
Beeville, TX 78102

All Seasons Home Health &
Palliative Care
15420 Nacogdoches Road
San Antonio, TX 78247

All Seasons Hospice of Texas
15420 Nacogdoches Road
San Antonio, TX 78247

AlphaCare Health Solutions
206 Carnousty Drive
Cibolo, TX 78108

Ambrosio "Ambrose"
Hernandez
3404 San Eduardo Street
Mission, TX 78572

ANG-A Nava & Glander
13409 NW Military Hwy Suite 300
San Antonio, TX 78231

Assured Benefits
PO Box 679145
Dallas, TX 75267

Bmark 2020-B18 Brass
Professional II, LLC
84 NE Loope 410 Suite 149
San Antonio, TX 78216

Brass Centerview 2012, LLC
PO Box 4737
Houston, TX 77210

Cameron Operations
Corproation
1411 N Stuart Place Road Suite A
Harlingen, TX 78552

Cameron Operations
Incorporated
1411 N Stuart Place Road Suite A
Harlingen, TX 78552

Cameron Operations, Inc.
1411 N Stuart Place Suite A
Harlingen, TX 78552

Christine B Gomez
1022 Forest Oak Drive
Portland, TX 78374

Christine B. Gomez
6321 Revolution Drive
Corpus Christi, TX 78413

Christine B. Gomez
5541 Bear Lane No 218
Corpus Christi, TX 78405

Coastal Home Health Care
227 N FM 3167 Space B
Rio Grande City, TX 78582

Coastal Home Health Care
6655 First Park Ten Blvd Suite 210
San Antonio, TX 78213

Coastal Home Health Care
6000 Staple Street Suite 403B
Corpus Christi, TX 78413

Conquest Pharmacy
PO Box 1047
Richmond, TX 77406

Culligan
211 Overlook Drive Suite 1-4
Sewickley, PA 15143

Datalogic Software
1605 W Tayler Avenue
Harlingen, TX 78550

De Lage Landen Financial
Services, Inc.
PO Box 41602
Philadelphia, PA 19101

Deluxe Business
PO Box 7247
Philadelphia, PA 19170

DME Expres
PO Box 679654
Dallas, TX 75267

Enclara Pharmacia
PO Box 745791
Atlanta, GA 30374

ETC Lite, LLC
PO Box 700970
San Antonio, TX 78270

Fact Institute
13032 Nacadoches Road Suite 207
San Antonio, TX 78217

Enrique Galvan
1100 Winding Way Street
Del Rio, TX 78840

Honest Medical
1935 Avenida Del Oro Suite E
92056

Humana Pharmacy
PO Box 223882
Pittsburgh, PA 15251

Internal Revenue Service
Centralized Insolvency Operation
Po Box 7346
Philadelphia, PA 19101-7346

Intuit
2700 Coast Avenue
Mountain View, CA 94043

KD Quality Coding
1754 High Ridge Drive
Blanchard, OK 73010

Konica Minolta
PO Box Box 070241

Legacy Home Care Services,
Inc.
c/o Jefferson Cano
Emma Cano
Will Davidson
112 East Pecan Street Suite 1650
78205

Legacy Home Health Agency,
Inc.
c/o JEFFERSON CANO
Emma Cano
Will Davidson
112 East Pecan Street Suite 1650
San Antonio, TX 78205

Legacy Home Health Agency,
Inc.
c/o Jefferson Cano
Emma Cano
Will Davidson
112 East Pecan Street Suite 1650
San Antonio, TX 78205

Legacy Hospice Care, LLC
6655 First Park Ten Blvd. Suite 210
San Antonio, TX 78213

Legado Management, LLC
c/o Ambrose Hernandez
6655 First Park Ten Blvd Suite 210
San Antonio, TX 78213

Legatus Leasing, LLC
6655 First Park Ten Blvd Suite 210
San Antonio, TX 78213

Mangrove Properties
1405 N. Stuart Place Road Suite A
Harlingen, TX 78552

McKesson
PO Box 63440
Cincinnati, OH 45263

Medicare Exchange LLC
6655 First Park Ten Blvd Suite 210
San Antonio, TX 78213

MLB Therapy Services PC
7970 Therapy Services Road Suite
101-708
San Antonio, TX 78229

New Way Medical
PO Box 679672
Dallas, TX 75267

Office of The United States
Trustee
515 Rusk Street Suite 3516
Houston, TX 77002

Optum Financial, Inc
11000 Optum Circle
Eden Prairie, MN 55344

Palmetto GBA LLC
2300 Springdale Drive
Camden, SC 29020

PN2, Ltd
1445 north Loop W Suite 398
Houston, TX 77008

Premium Med Billing Services
LLC
PO Box 592437
San Antonio, TX 78259

Reich Enterprises, Inc.
PO Box 81281
Corpus Christi, TX 78468

Renee Z. Hernandez a/k/a
Renee Z. Sanchez
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Mission, TX 78572

Renee Z. Hernandez aka
Renee Z. Sanchez
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Restorative Health Care
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McAllen, TX 78504

Restorative Health Care of
South Texas
8600 Wurzbach Road Suite 700
San Antonio, TX 78240

Restorative Health Services,
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San Antonio, TX 78205

Retro Tax
920 W. 79th Street
Indianapolis, IN 46260

RPSA Law
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Nathan Ketterling
755 East Mulberry Suite 200
San Antonio, TX 78212

Spectrum
PO Box 60074
City of Industry, CA 91716

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28883 Network Place
Chicago, IL 60673

STX D&D Investments, Inc.
2011 Musser Street
Laredo, TX 78043

Toshiba
PO Box 550599
Jacksonville, FL 32255

TXU Energy
PO Box Box 650700
Dallas, TX 75265

Ubeo LL
11827 Tech Com Road Suite 200
San Antonio, TX 78233

United Community Investors,
L.P. dba Summit IV
801 N St. Mary's
San Antonio, TX 78205

US Bank Equipment Finance
PO Box 790448
Saint Louis, MO 63179

US Small Business
Administration
2 North 20th Street Suite 320
Birmingham, AL 35203

WayStar
1311 Solutions Center
Chicago, IL 60677

WellSky
PO Box 207613
Dallas, TX 75320

Whyte Appeals
310 W. Sunset St.
San Antonio, TX 78209

Xerox
PO Box 674911
Dallas, TX 75267